STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

REPORT OF AIRCRAFT ACCIDENT

DOA-0411 (Rev. 11/91) Front

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is for identification. No disclosure of personal information will be made unless permissible under Article 6, Section 7798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

REPORT OF AIRCRAFT ACCIDENT															
DATE OF ACCIDENT			TIME	LOCATION OF ACCIDENT											
PILOT'S NAME					PHONE BUSINESS HOME										
ADDR	ADDRESS BUSINESS HOME														
							DATE OF B REVIEW	DATE OF BIENNIAL FLIGHT REVIEW							
AIRCRAFT OWNER (IF NOT PILOT) PHONE BUSINESS						ss	HOME								
ADDRESS BUSINESS HOME															
AIRCRAFT MANUFACTURER & MODEL REGISTRATION NO. TOTAL NUMBER OF PERSONS ON BOARD AIR						RD AIRCRA	RAFT								
Furnish name, address, extent of injuries to occupants and/or persons on the ground, whether or not injured. Attach additional sheets if number exceeds space. Apprecia Family F							FATAL	SERIOUS	MINOR	NONE					
		NAME	ADD	RESS	BUSINESS		HOME	EXTENT OF	INJURIES				0)	_	
WEAT	HER	VISIBILITY CONDITION	IS AT TIME OF ACCIDE	NT				•					· ·		
Descr	ibe th	ne event leading to the nt agency.	accident. Describe the	e accident	Use additional	sheets	if necessary	or attach copy	of accident rep	ort prepared	by investig	ating	law	!	

DOA 91-0411

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Damage to property (other than owner, pilot, or passengers, or in their care, custody or if necessary.	control). Describe fully and give best estimate of	dollar cost.	Use additional sheets						
WAS A REPORT MADE TO ANY OF THE FOLLOWING AGENCIES: Federal Aviation Administration YES NO National Transportation Safety Board YES NO	Law Enforcement Agency Other, Specify	YES	□ NO						
IF REPORT MADE (TO WHOM): NAME ADDRESS									
AT TIME OF ACCIDENT, WAS THERE									
Aircraft Liability Policy in Effect	Registered as Self-Insured	☐ YES	∐ NO						
Bond or Other Form of Liability Protection YES NO	Other, Specify								
IF APPLICABLE, LIST INSURER OR BONDING FIRM TO COVER LIABILITY FOR DAMAGES OR INJURY TO OTHERS									
COMPANY NAME	POLICY NO.								
ADDRESS									
PERIOD OF COVERAGE	POLICY ISSUED TO (INDIVIDUAL OR FIRM)								
PERSON PREPARING THIS REPORT	RELATIONSHIP TO PILOT OR OWNER								
ADDRESS BUSINESS HOME									
PHONE BUSINESS HOME	DATE								

MAIL COMPLETED REPORT TO:

CALIFORNIA DEPARTMENT OF TRANSPORTATION DIVISION OF AERONAUTICS - MS #40 P.O. BOX 942873 SACRAMENTO, CA 94273-0001